



Gestagentherapie der Endometriose

C Tempfer

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Obergurgl 2010

◆ Fekundität, Fertilität

- Cochrane Metaanalyse (Jacobson 2002)
- lediglich 2 RCTs (Marcoux 1997, Parazzini 1999)
- 1x negativ, 1x positiv
- SSR, LGR: OR 1.64 (1.05-3.57); 10 mos

◆ Schmerzen

- Cochrane Metaanalyse (Jacobson 2001)
- lediglich 2 RCTs (Sutton 1994, Abbot 2005)
- Schmerzscore: OR 4.97 (1.85-13.39)

◆ ablative OP besser als diagnost. OP (Abbott 2005)

- n= 39; prosp.-rand.; 12 mos; 2nd look 6 mos
- alle Stadien
- **Schmerzen besser 16/20 (80%) vs. 6/19 (32%) (placebo response!)**
- QOL besser; disease progress. at 2nd look: 45%

- ◆ ablative OP besser als diagnost. OP (Marcoux 1997)
 - n= 341; prosp.-rand.; resective/ablative vs. diagnostic laparoscopy
 - minimal/mild endometriosis; 36 wks follow-up
 - **SS-Rate >20 SSWs besser 50/172 (29%) vs. 29/169 (17%); p=0.006**
 - SS-Inzidenz: 4.7 vs. 2.4 pro 100/mo
 - Morbidität: 3 vs. 1 operative complications

- ◆ Beide Techniken gleich effektiv (Tulandi 1998)
 - 1 RCT:
 - n=24; Wright 2005
 - kein Unterschied Schmerzscore
 - Retrospektive Daten:
 - n=340; Tulandi 1998
 - kein Unterschied Schmerzscore, Rezidivrate

◆ Zystektomie besser als Fenestrierung

- n=100; prosp.-rand.; 2 a (Alborzi 2004)
 - Schmerzrez. 57% vs. 16%
 - Re-OP 23% vs. 6%; SSR 23% vs. 60%
- n=64; prosp.-rand.; 2 a (Beretta 2002)
 - Dysmenorrhoe 16% vs. 53%
 - Dyspareunie 20% vs. 75%
 - Schmerzrez. 10% vs. 53%
 - RFI 19 mos vs. 10 mos; SSR 67% vs. 24%

◆ Hohe Rezidivraten

- 7–30% nach 3 a
- 40-50% nach 5 a (Valle 2003)

◆ Optimale Rezidivprophylaxe?

- ◆ Hum Reprod 2002;17(4):1128-9
 - no adjuvant therapy vs. GnRH-Analagon (Leuprolidazetat 3.75mg) q28x3
 - n=89; AFS III/IV; 6 mos follow-up
- ◆ Ergebnis
 - **Rezidive (Schmerz) gleich 23% vs. 24%**
 - objektivierbare Rezidive (Sono, Tastbef.) gleich 9% vs. 9%

- ◆ Hum Reprod 1999;14(5):1335-7
 - no adjuvant therapy vs. danazol 600mg/d for **3 mos**
 - n=77; AFS III/IV; 12 mos follow-up
- ◆ Ergebnis
 - **Rezidive (Schmerz) gleich 7/31 (23%) vs. 9/29 (31%); p=n.s.**
 - objektivierbare Rezidive (Sono, Tastbef.) gleich 8% vs. 15%
 - SS-Raten gleich 6/11 vs. 8/16

- ◆ Br J Obstet Gynaecol 1999;106(7):672-7
 - no therapy vs. goserelin (Zoladex®) s.c. q28x6
 - n=269; AFS II bis IV; 24 mos
- ◆ Ergebnis
 - **weniger Rezidive n. 1a: 13% vs. 21%**
 - **weniger Rezidive n. 2a: 23% vs. 36%**
 - rezidivfreies Intervall sign. länger

◆ Hum Reprod 2004;19(1):160-7

- OP + Goserelin 3.6mg q28x6 +/- Anastrozol 1mg/d **6 mos**
- n=97; severe endometriosis (rASRM score >40); 24 mos follow-up

◆ Ergebnis

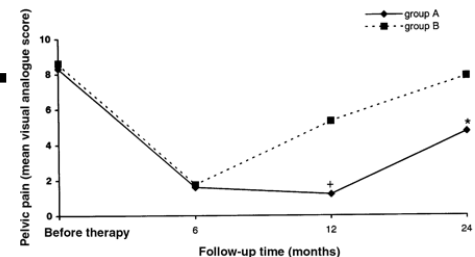
- länger rez.-frei 2.4 vs. 1.7 mos (p=0.009)
- weniger Schmerzrezidive 35% vs. 8%
- BMD-Verlust höher; QOL gleich

Low-Dose sDanazol

- ◆ Hum Reprod 1999;14(9):2371-4
 - alle: surgery + GnRH-Analagon (triptorelin 3.75mg) q28x6, dann:
 - rand.: danazol 100mg/d f. **6 mos** vs. no further therapy
 - n=28; AFS III/IV; 24 mos follow-up

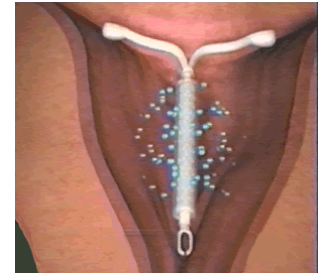
◆ Ergebnis

- **Schmerzscore besser $p < 0.01$**
- **Rezidive 44 vs. 67% $p < 0.05$**
- side effects gleich



- ◆ Fertil Steril 2003;80(2):305-9
- ◆ n= 40; randomisiert; surgery +/- IUD
- ◆ alle Stadien; **12 mos** follow-up
- ◆ **Ergebnis**
 - Schmerzrezidive seltener
 - 2/20 (10%) vs. 9/20 (45%)
 - höhere Zufriedenheit
 - 15/20 (75%) vs. 10/20 (50%)

- ◆ Hum Reprod; E-publ. March 24, 2005
- ◆ n= 82; Endometriose + CPP/Dysmenorrhoe
- ◆ LNG-IUD vs. GnRH-Analogon (Lupron dep. 3.75mg q28 x 6)
- ◆ **Ergebnis**
 - gleich effektiv
 - **CPP kein Unterschied** (p=0.9)
 - 1. Monat blutungsfrei 34% vs. 71%
 - 6. Monat blutungsfrei 70% vs. 98%



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ORIGINAL ARTICLE *Gynaecology*

Post-operative use of oral contraceptive pills for prevention of anatomical relapse or symptom- recurrence after conservative surgery for endometriosis

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A. Elmakky, and S. Venturoli**

OC post OP

Table III Results of the studies

Study	Outcome measured	Method of measurement	Definition of recurrence	Patients and treatment	Results	P-value
Muzii <i>et al.</i> (2000)	Endometrioma	TV US	Not specified	35 no therapy	Recurrence rate: oCP (2.9%) versus none (6.1%)	NS
	pain	VAS	VAS > 4	33 cyclic OCP	Recurrence rate: oCP (9.1%) versus none (17.1%)	NS
Vercellini <i>et al.</i> (2003)	Dysmenorrhoea	VAS, VRS	Not specified	50 continuous OCP	Reduction in mean VAS score of 45.95% after 2 years of continuous OCP therapy	<0.001
Koga <i>et al.</i> (2006)	Endometrioma	TV US	>2 cm diameter	109 no therapy 15 OCP	OCP do not influence endometrioma recurrence	NS
Sesti <i>et al.</i> (2007)	(a) Dysmenorrhoea	VAS	Not specified	110 placebo	(a) Lower VAS scores with OCP, GnRH-analogues and dietary therapy	<0.001
	(b) Dyspareunia			77 hormonal therapy	(b) Lower VAS scores with placebo	<0.001
	(c) CPP			35 dietary therapy	(c) Lower VAS scores with OCP, GnRH-analogues and dietary therapy	<0.001
Vercellini <i>et al.</i> (2008a, b)	Endometrioma	TV US	>2 cm diameter	46 no therapy 231 cyclic OCP	Recurrence rate: oCP (9%) versus none (56%)	<0.001
Seracchioli <i>et al.</i> (2008)	Endometrioma	TV US	>1.5 cm diameter	69 no therapy 75 cyclic OCP 73 continuous OCP	Recurrence rate: oCP continuous (8.2%) and cyclic OCP (14.7%) versus none (29%)	<0.005
Seracchioli <i>et al.</i> (2009)	(a) Dysmenorrhoea	VAS	VAS>4	87 no therapy	(a) Lower recurrence rate since 6 months (continuous OCP) or 18 months (cyclic OCP)	<0.001
	(b) Dyspareunia			92 cyclic OCP	(b) OCP do not influence recurrence	NS
	(c) CPP			95 continuous OCP	(c) OCP do not influence recurrence	NS

- ◆ Overton et al. Fertil Steril 1994
- ◆ n=62; RCT; minimal/mild; surgery + Dydrogesteron 40 or 60mg/d d16-28 q6 or placebo
- ◆ 12 mos follow-up
- ◆ **Ergebnis**
 - Schmerzrezidive seltener
 - Effekt bis 12 mos nachweisbar

- ◆ Trivedi et al. Gynecol Endocrinol 2007
- ◆ n=98; alle Stadien; prosp., offen; surgery + Dydrogesteron 10-20mg/d d5-25 q3-6
- ◆ **Ergebnis**
 - Dyspareunie, Dysmenorrhoe reduziert nach 1. Zyklus (jeweils $p < 0.05$)
 - Menses: Dauer + Intensität reduziert ($p < 0.05$)
 - hohe Zufriedenheit (74%)

- ◆ **Operative Therapie: schmale Datengrundlage**
 - Schmerzen, Fertilität
 - ablativ, destruktiv, Zystektomie
- ◆ **Adjuvant: 3 mos kein Effekt – 6 mos**
 - GnRH q28x6
 - GnRH q28x6 + Anastrozol 1mg f. 6 mos
 - GnRH q28x6; sequ. low-dose Danazol f. 6 mos
- ◆ **Gestagene**
 - LNG-IUD post OP
 - OC f. 1 a
 - Dydrogesteron

Danke für Ihre Aufmerksamkeit